UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 9/2/07 2 Serial/Patent # 0//////			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal		//	\$
Petition	8	2/4/0	\$ /30
Issue		/ /	\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT \$ 30		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #;/		
Duplicate Payment	,0/1-2389		
No Fee Due (Explanation):			
For 1.181			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: (1000) TITLE FEMILIAN OF			
SIGNATURE: PHONE: 23 308 07/6			
office: Centra			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: MICIA KILL DATE: 9-1602			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B